



# Multi-Disciplinary Research Unit

S.S. Medical College, Rewa (M.P.)

Facilitated by: DHR (MoHFW), New Delhi

Tel. No.- 07662-241655 Fax No.- 07662-251167, email:mdrurewa2014@gmail.com

NO.122/MDRU/24

Rewa; Dated 16/04/2024.

To ,

The All Faculty Members,  
Shyam Shah Medical College, Rewa, M.P.


Sub-: Expression of reseach intrest

Sir/Madam,

As per the DHR Conclave held on 17.01.2024, Secretary DHR recommended creating a list of faculty members interested in Research & Development (R&D). Currently, MRU Rewa is compiling a list of faculty members with their major research areas.

The faculty members interested in R&D are requested to submit their key areas of research/research concept proposal along with bio-data so that MRU can assist in developing the complete proposal.

Regards,

  
Prof.(Dr.)Rahul Mishra  
Nodal Officer,  
Multi-disciplinary Research Unit,  
Shyam Shah Medical College,Rewa (M.P.)

Copy to-: CEO & Dean, Shyam Shah Medical College, Rewa for necessary action.

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Prof.(Dr.)Rahul Mishra  
Nodal Officer,  
Multi-disciplinary Research Unit,  
Shyam Shah Medical College,Rewa (M.P.)

**APPLICATION FORMAT FOR SUBMISSION OF RESEARCH PROPOSAL FOR APPROVAL  
OF THE LOCAL RESEARCH ADVISORY COMMITTEE OF THE MEDICAL COLLEGE  
/INSTITUTE UNDER THE MULTI DISCIPLINARY RESEARCH UNIT (MRU)**

1. Name Of The Medical College/Institute Of The Multi Disciplinary Research Unit(MRU):													
2. Project Title:													
3. Specific Area of the proposed research (Non communicable disease only):													
4 . Objectives of the study													
5. Aims & significance of the project													
6. Plan of work, methods & techniques to be used													
7. Time table or milestones	<table border="1"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>												
8. Deliverables (Apart from reports/papers; identify any products, technology, process etc to be delivered at the end of the project).													
9. Principal Investigator (PI)													
a. Title:													
b. Name :													
c. Full official address -													
Mobile no. -													

Fax -			
E mail -			
d. Position			
e. Date of birth			
f. Highest degree (University/Institute) Date			
g. Total time to be devoted to project (in man months per year).			
10. Other participants (give name, address & highest qualification for each of the Co Principal-Investigator) (CO-1)			
1.		2.	
3.		4.	
5.			
11. Name & Address of other research scientists actively engaged in general area of the proposed research:			
12. List not more than 10 of your publications with full bibliographic details/reports/patents of other documents in the last 5 years:			
13 Proposed Budget ( To be utilized from within the MRU Budget):			
Budget items	Amount Requested in Rs.		
	1 <sup>st</sup> Year	2 <sup>nd</sup> Year	3 <sup>rd</sup> Year
(a) Staff			
(b) Contingency/ Consumables, etc (Broad Detail)			
Travel:			
Any Other:			

(c) Equipment (Item wise)	1 <sup>st</sup> Year	2 <sup>nd</sup> Year	3 <sup>rd</sup> Year
(d) Total			
14. Utilization of available institutional facilities :			
15. Report support availed/ being availed /applied for by the PI From different sources like Department of Health Research ( Grant aid scheme ), ICMR (Extra mural), CSIR, DST/DBTetc:	Grant agency Title of project & ref no. Duration (mm/yy to mm/yy) Amount in lakhs Rs		
16. Declaration & Attestation : We certify that all the details declared here are correct & complete.  1. Signature of PI  2. Signature of Co-Is a)  b)  c)  d)  e)	Date:		
17. Certificate of the heads of the department & institution : We have read the terms & conditions of MRU scheme. The necessary institutional facilities are available and will be provided for implementation of this research proposal .Full account of expenditure will be rendered by the Institution yearly.			
Name of the Head of the Medical College –  Signature with date -  Seal -	Name of the Nodal Officer of the MDRU – Signature with date -  Seal -		

18. Recommendations of the Research Advisory Committee	Signature of the chairman of RAC
19. Recommendations/Suggestions of the National Level Advisory Committee	Signature of the chairman of NAC